

FILED FEB 16 1942

Registration District No. 347

Primary Registration District No. 3018

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 208 S. Water
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 77
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 208 S. Water
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Dr. Williston T. Jennings

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna F. Jennings 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 23
If less than one day hr. min.

9. Birthplace Clinton, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business _____

MOTHER FATHER

12. Name Dr. P. D. Jennings

13. Birthplace Maine
(City, town, or county) (State or foreign country)

14. Maiden name Laura Wheeler

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Anna F. Jennings

(b) Address Clinton, Mo.

17. (a) Burial (b) Date thereof 1 29 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Congregational Cem.

18. (a) Signature of funeral director Ed. Wilkinson

(b) Address Clinton, Mo.

19. (a) Jan. 29/42 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1942 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept. 4 to Jan 27, 1942
that I last saw him alive on Jan 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

Other conditions chronic myocarditis with hypertensive changes
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury MI

23. Signature E. B. Hughes (M. D. or other) M.D.

Address Clinton, Mo. Date signed 1/29/42

Duration 20 hrs.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-42-54

Date Filed 2-10-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.